REC'D JUN 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2

1. PLACE OF DEATH
County Howard 1 Registration District No. 380 File No. 18399
Township Franklin Primary Registration District No. 5530 Registered No. 12
City (No. 3 miles, East of New Franklin St. Ward)

2. FULL NAME Mrs. Cassie Nunley 540 1-
(a) Residence, No. R.F.D.# 1 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hershel Nunley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1901

7. AGE: 37 YEARS, 3 MONTHS, 6 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July, 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo. 0

FATHER
13. NAME John Johnson 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo. 0

MOTHER
15. MAIDEN NAME Luzendia Warner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo.

17. INFORMANT (ADDRESS) Hershel Nunley R.F.D.#1. New Franklin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Ceme. DATE May 11 38

19. UNDERTAKER (ADDRESS) L. J. [illegible] Boom 1 Pt 2 Mo

20. FILED 5-11 1938 J. B. Fleet Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1938, to May 8 1938
I last saw her alive on May 8 1938. Death is said to have occurred on the date stated above, at 11.50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1937
34	

Other contributory causes of importance: Syphilis ?

Name of operation Frequent abd. taps Date of last May 1 1938
What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Wm Bloom 1, M. D.
(Address) Fayette Mo

NB. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.